

2011 -- H 5851

LC01037

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2011

A N A C T

RELATING TO INSURANCE - HEARING AIDS

Introduced By: Representatives Jacquard, Handy, and Ajello

Date Introduced: March 08, 2011

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-60 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-60. Hearing aids. -- (a) (1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2011, shall provide coverage for ~~one thousand five hundred dollars (\$1,500)~~ per one individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for ~~seven hundred dollars (\$700)~~ one thousand five hundred dollars (\$1,500) per individual hearing aid, per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

(2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2011, shall provide, as an optional rider, additional hearing aid coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the small employer health insurance availability act, chapter 50 of this title.

(b) For the purposes of this section:

(1) "Hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to FM

1 systems.

2 (c) It shall remain within the sole discretion of the accident and sickness insurer as to the
3 provider of hearing aids with which they choose to contract. Reimbursement shall be provided
4 according to the respective principles and policies of the accident and sickness insurer. Nothing
5 contained in this section precludes the accident and sickness insurer from conducting managed
6 care, medical necessity, or utilization review.

7 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
8 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
9 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
10 injury or death by accident or both; (9) and other limited benefit policies.

11 SECTION 2. Section 27-19-51 of the General Laws in Chapter 27-19 entitled "Nonprofit
12 Hospital Service Corporations" is hereby amended to read as follows:

13 **27-19-51. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
14 every individual or group hospital or medical expense insurance policy, plan, or group policy
15 delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2011,
16 shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per~~ one individual hearing
17 aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall
18 provide coverage for ~~seven hundred dollars (\$700)~~ one thousand five hundred dollars (\$1,500)
19 per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19)
20 years and older.

21 (2) Every group health insurance contract or group hospital or medical expense
22 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
23 or after ~~January 1, 2006~~ July 1, 2011, shall provide, as an optional rider, additional hearing aid
24 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
25 policies subject to the small employer health insurance availability act, chapter 50 of this title.

26 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
27 instrument or device designed for the ear and offered for the purpose of aiding or compensating
28 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
29 including, but not limited to, FM systems.

30 (c) It shall remain within the sole discretion of the nonprofit hospital service corporation
31 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
32 provided according to the respective principles and policies of the nonprofit hospital service
33 corporation. Nothing contained in this section precludes the nonprofit hospital service corporation
34 from conducting managed care, medical necessity, or utilization review.

SECTION 3. Section 27-20-46 of the General Laws in Chapter 27-20 entitled "Nonprofit Medical Service Corporations" is hereby amended to read as follows:

27-20-46. Hearing aids. -- (a) (1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2011, shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per~~ one individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for ~~seven hundred dollars (\$700)~~ one thousand five hundred dollars (\$1,500) per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

(2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2011, shall provide, as an optional rider, additional hearing aid coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the small employer health insurance availability act, chapter 50 of this title.

(b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to, FM systems.

(c) It shall remain within the sole discretion of the nonprofit medical service corporation as to the provider of hearing aids with which they choose to contract. Reimbursement shall be provided according to the respective principles and policies of the nonprofit medical service corporation. Nothing contained in this section precludes the nonprofit medical service corporation from conducting managed care, medical necessity, or utilization review.

SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health Maintenance Organizations" is hereby amended to read as follows:

27-41-63. Hearing aids. -- (a) (1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2011, shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per~~ one individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for ~~seven hundred dollars (\$700)~~ one thousand five hundred dollars (\$1,500) per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

1 (2) Every group health insurance contract or group hospital or medical expense
2 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
3 or after ~~January 1, 2006~~ July 1, 2011, shall provide, as an optional rider, additional hearing aid
4 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
5 policies subject to the small employer health insurance availability act, chapter 50 of this title.

6 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
7 instrument or device designed for the ear and offered for the purpose of aiding or compensating
8 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
9 including, but not limited to FM systems.

10 (c) It shall remain within the sole discretion of the health maintenance organizations as
11 to the provider of hearing aids with which they choose to contract. Reimbursement shall be
12 provided according to the respective principles and policies of the health maintenance
13 organizations. Nothing contained in this section precludes the health maintenance organizations
14 from conducting managed care, medical necessity, or utilization review.

15 SECTION 5. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE - HEARING AIDS

1 This act would increase hearing aid insurance coverage for those under the age of
2 nineteen (19) from one thousand five hundred dollars (\$1,500) to full cost, and for those age
3 nineteen (19) and older from seven hundred dollars (\$700) to one thousand five hundred dollars
4 (\$1,500).

5 This act would take effect upon passage.

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